

COUNTY PUBLIC HEALTH TAXING DISTRICT

FINANCIAL STATEMENT

For the Fiscal Year Ending June 30, 20

Published in accordance with KRS 424.220 and 65.070

The following information and supporting data may be inspected by the general public at from

(Insert Address)

between the hours of

(Dates for Inspection)

(Insert Hours)

Chairman, Board of Health	Address	City, State, Zip
Treasurer	Address	City, State, Zip
Board Member	Address	City, State, Zip
Board Member	Address	City, State, Zip
Board Member	Address	City, State, Zip
Board Member	Address	City, State, Zip
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Board Member	Address	City, State, Zip
Board Member	Address	City, State, Zip

RECEIPTS

Balance carried forward from previous fiscal year	\$	
Amount received from collection of public health tax for current fiscal year less sheriff's fee	\$	
Other (specify)	\$	
TOTAL RECEIPTS	\$	

DISBURSEMENTS

To the Health Department for general operation.			
DATE PAID	AMOUNT	DATE PAID	AMOUNT
\$		\$	
\$		\$	
\$		\$	
TOTAL AMOUNT		\$	
To the on ,		\$	
(Name of Bonding Company)			
To the for the publication of previous year's			
(Name of Newspaper)			
financial statement on		\$	
for on		\$	
(Other Disbursement(s))			
TOTAL DISBURSEMENTS		\$	
BALANCE		\$	

Taxing District Accounts (specify balance in each):

		Now	\$	
Demand	\$	Money Market	\$	
Treasury Bills	\$	Certificates of Deposit	\$	
Other Accounts	\$	Treasury Notes	\$	

Note: Each balance credited to the taxing district must be certified by each institution in which the Taxing District holds an account.

(Affix attachments if necessary.)

This is to certify that at the close of business on June 30, 20, a total balance of \$ was credited to the

account of the County Public Health Taxing District.

(Officer or Cashier of Bank)

(Name of Bank)

Witness my hand this the day of , 20. Chairman

County Public Health Taxing District

Commonwealth of Kentucky

County of

Subscribed and sworn to by before me on day of , 20.

My commission expires: Notary Public